MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09031

9020

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH
COUNTY: Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Stevensville Rural
LENGTH OF STAY (In this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 60

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville Rural
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Anderson (Last) Baker

4. DATE OF DEATH: (Month) Sep (Day) 14 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-78

9. AGE last birthday: 77 yrs. If under 1 year: Months 6, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt. Fishing boat

10b. KIND OF BUSINESS OR INDUSTRY: Oystering & Fishing

11. BIRTHPLACE (State or foreign country): Kent Island Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac Baker

14. MOTHER'S MAIDEN NAME: Amanda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs H.A. Baker Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocarditis — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension arterio-Sclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952 to July 11 1955, that I last saw the deceased alive on July 11 1955, and that death occurred at 12.30 m., from the causes and on the date stated above.

SIGNATURE: H Chas E Snyder (Degree or title)

ADDRESS: Stevensville Md

DATE SIGNED: 7 14 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept 17 1955

NAME OF CEMETERY OR CREMATORY: Stevensville Cemetery

LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: Sept 17, 1955

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Barton Bros Centreville Md

ADDRESS: Stevensville,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9021

09032

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X QueensTown
LENGTH OF STAY (in this place): 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: QueensTown X
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Eliza (Last) Beecher

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/24/1874

9. AGE last birthday: 81 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clement Nutter

14. MOTHER'S MAIDEN NAME: Mary Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No No

16. SOCIAL SECURITY NO.: N.W.=

17. INFORMANT AND ADDRESS: Mrs. Margaret Smith - Queenstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive-Arteriosclerotic Cardio-Vascular Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1951, to Sept., 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Wm S. Hall M.D. (Degree or title) ADDRESS: Queenstown Md. DATE SIGNED: 9/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept 27-55

NAME OF CEMETERY OR CREMATORY: Chesterfield

LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: Sept. 27-55

REGISTRAR'S SIGNATURE: Helen M. Aldridge

24. FUNERAL DIRECTOR: Baxter Bros

ADDRESS: Centreville, Md.

9-22

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09033 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Stevensville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Clark
4. DATE OF DEATH (Month) Sept (Day) 14 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 14-55
9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR: Months —— Days —— IF UNDER 24 HRS.: Hours —— Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Stevensville Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Clark Jr.
14. MOTHER'S MAIDEN NAME: Ada Elburn (Clark)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles Clark Jr Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Premature birth 5½ months pregnant. — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) baby lived 5 minutes.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fisher M. D. Centreville Md M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Sept 15. 55 | NAME OF CEMETERY OR ~~CREMATORY~~ Stevensville | LOCATION (City, town, or county) (State) Stevensville Maryland

DATE REC'D BY LOCAL REG. Sept. 15 1955 | REGISTRAR'S SIGNATURE Elizabeth Hopper | 24. FUNERAL DIRECTOR Boston Bro. | ADDRESS Centreville Md.

9065 9094

9123 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09034

Item 9, FilmG186 9-19-55 et **CERTIFICATE OF DEATH** Reg. Dist. No. 252

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Centreville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location) Brown St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Westly (Last) Conyers

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 11/24/[illegible]78 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm
10B. KIND OF BUSINESS OR INDUSTRY: Farm tennant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Conyers
14. MOTHER'S MAIDEN NAME: Rachel Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Jas. Frazier, Centreville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 IMMEDIATE CAUSE (A) Chronic Valvular disease of the heart

ANTECEDENT CAUSE (B) DUE TO Arter. Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 ....., 19[illegible] to 9/7 ....., 1955, that I last saw the deceased alive on 9-6 ....., 1955, and that death occurred at 3 P. M., from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Centreville Md DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/12/55 | NAME OF CEMETERY OR CREMATORY Chesterfield Cem. | LOCATION (City, town, or county) (State) Centreville, Md.

DATE REC'D BY LOCAL REGISTRAR 9/10/55 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR James B. Dalziell ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09035

9124

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Centreville — LENGTH OF STAY (In this place) 56yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) Deaver	(Last) McKenny	4. DATE OF DEATH	(Month) Sept.	(Day) 10	(Year) 1955		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept 23. 1872	9. AGE last birthday 82 yrs.	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Montebello Frederick Md	12. CITIZEN OF WHAT COUNTRY? U S A						
13. FATHER'S NAME Henry Desmond Deaver		14. MOTHER'S MAIDEN NAME Hannah Bodine Keene Heaney							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS John McKenny Centreville Md							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocardial Insufficiency	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10-20 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1953, to Sept 10, 1955, that I last saw the deceased alive on Sept. 9, 1955, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. Wm. Martin, Jr.	M.D.	Queenstown, Md.	Sept. 10, 1955

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 12-55	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 10-55	Ellen Armstrong	Barton Bros.	Centreville, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9125

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09036

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Queen Anne; LENGTH OF STAY (in this place) 26 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Christopher (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1955

5. SEX: M 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH: Feb. 28, 1872 9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner 10b. KIND OF BUSINESS OR INDUSTRY: Farming 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT'S ADDRESS: Mrs. Christopher Nichols, Queen Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4 Immediate cause (a) Chronic Valvular disease of the heart DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cystic - Edema DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1955, to Sept 26, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE N. T. McPherson (Degree or title) M.D. ADDRESS Centreville DATE SIGNED 9/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 29, 1955 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Hillsboro (State) Md.

DATE RECD BY LOCAL REGISTRAR Sept. 28-55 REGISTRAR'S SIGNATURE Elsie Armstrong 24. FUNERAL DIRECTOR Virgil Swan Sons, Denton, Md. ADDRESS

VS. A15

9126

09037

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Wye Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) Vaughn (Last) Pepper

4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 19 55

5. SEX: male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: Sept 19 1904

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Garage owner

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. Pepper

14. MOTHER'S MAIDEN NAME: Emma Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Pepper (wife) Hillsboro md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ **CAUSE OF DEATH.** **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, ~~Inquiry~~ ☐, and find that death resulted from: Natural causes ☑, ~~Accident~~ ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fisher-Centreville md — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 9/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 30 1955 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. Burial 9/28/55 — REGISTRAR'S SIGNATURE Police Department

24. FUNERAL DIRECTOR G. V. Moore & Son — ADDRESS Denton

09038

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wisconsin COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rhinelander Rt X - ?
STREET ADDRESS (If rural, give location) 100 3 Eagle St

3. NAME OF DECEASED: (Type or Print) (First) DUANE (Middle) S (Last) PULVER
4. DATH OF DEATH (Month) Sept (Day) 3 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Single	Dec 9 - 1929	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sec Treas
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rhinelander Wisconsin
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Hayes E Pulver
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Yes
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Medical Records —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Burned to death when house burned
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) near Templeville (County) 2 a (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Harvey Fisher M.D. - Centreville Md M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 9/3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-8-55	Forest Hill	Rhinelander - Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/4/55	Elsie Armstrong	Baxter Bros.	Centreville Md

9028

09039

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 251

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 454

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN near Crumpton

LENGTH OF STAY (in this place) a few hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Centreville x

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) A. (Last) Ringgold

4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):

8. DATE OF BIRTH: Dont Know

9. AGE last birthday: ? 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: nurse

11. BIRTHPLACE (State or foreign country): Q A Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ? Ayers

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Julia Kilson - Centreville Md

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) She fell in her bedroom 8 weeks ago - memorial

Antecedent cause(s) DUE TO fractured right femur - I sent her to

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hospital Easton Md for treatment - a few days later she

DUE TO developed a Cerebral Hemorrhage -

9-4-8

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) Centreville - (County) Queen Anne - (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 - 1955 8 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Fell in her bedroom -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fisher MD Centreville Md M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9/24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept 26-55

NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield

LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 9/26/55

REGISTRAR'S SIGNATURE ~~Elmer Armstrong~~ Edgar L. Lanes

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09040

9-29

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 16 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen Anne Co. R. F. D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Louisiana COUNTY Orleans
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans 17X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Clark (Last) Spencer

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 21, 1870

9. AGE last birthday 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Lobell Clark

14. MOTHER'S MAIDEN NAME: Elizabeth Devall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Stephen R. Collins Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiac arrest — None

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary sclerosis — Don't know

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. "Little" stroke — 2d 3 — 6 months

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1955 to 9/22, 1955 that I last saw the deceased alive on 9/22, 1955, and that death occurred at 6:00 P M, from the causes and on the date stated above.

SIGNATURE M. D. Robert W. Janes — ADDRESS Chestertown, Md. — DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 26, 1955 — NAME OF CEMETERY OR CREMATORY Metairie Ridge Cem. — LOCATION (City, town, or county) New Orleans — (State) Louisiana

DATE REC'D BY LOCAL REGISTRAR 9-27 — REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09041

CERTIFICATE OF DEATH

9:30 Reg. Dist. No. 251

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Ingleside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ingleside X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Walter (Last) Walls

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: Mar. 20-1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): ~~221-12-4151~~ Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Walls

14. MOTHER'S MAIDEN NAME: Elizabeth Barcus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO. 221-12-4151

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X IMMEDIATE CAUSE (A) Cancer of left lower jaw — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1955, to 9-29, 1955, that I last saw the deceased alive on 9-26, 1955, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE acSick M. D. ADDRESS Chestertown, Md. DATE SIGNED 10-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **DATE THEREOF** Oct. 2 **NAME OF CEMETERY OR CREMATORY** Church Hill **LOCATION (City, town, or county) (State)** Church Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 10-1 **REGISTRAR'S SIGNATURE** Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane **ADDRESS** Church Hill, Md.

9-31

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09042

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Queenstown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) FRANCES (Last) WOOLFORD

4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept 24-1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Queen Annes Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Vincent Briscoe

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ~~No~~

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Lee Seney, Queenstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 10 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Myocardial insufficiency — 5 yrs.

(C) Arteriosclerotic hypertensive cardio-vascular disease. — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to Sept 18 1955, that I last saw the deceased alive on Sept. 12, 1955, and that death occurred at 9 25 A M, from the causes and on the date stated above.

SIGNATURE G Wm. Martin, Jr. M. D. ADDRESS Queenstown, Md. DATE SIGNED 9/20/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 21-55 — NAME OF CEMETERY OR ~~CREMATORY~~ Hillsboro Freemount — LOCATION (City, town, or county) Hillsboro (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 21-55 — REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Md.